

City of Auburn
Affidavit Certifying Eligibility for Cable Discount

As part of its cable franchise with Comcast, the City of Auburn negotiated a discount on basic cable service for eligible subscribers that meet all of the following criteria: (1) 62 years of age or older, or disabled; (2) the legal owner or lessee/tenant of their residence; and (3) combined disposable income from all sources does not exceed the federal Housing and Urban Development standards for the Seattle-Everett area (“HUD Income Standard”) for the preceding year. The applicable HUD Income Standard for the current year is \$27,250 annually for a single person and \$31,150 for a married couple. The City is required to certify to Comcast that applicants for the discount meet the necessary criteria.

1. Name: _____ Cable Account # (if known): _____

2. Email: _____ Phone: _____

3. Address: _____

Apt. #

State

Code

I certify that I am either: (a) the **legal owner** of my residence; or **(Please circle the correct answer.)**

(b) the legally responsible **lessee/tenant** of my rental residential unit.

4. **Purpose.** I make this Affidavit, under the penalties of perjury, to the City of Auburn and Comcast for the purpose of qualifying for a special discount on basic cable service at my residence. The discount will be effective as of the date that Comcast accepts certification from the City on my eligibility. I understand that I will not be eligible for the discount if I am receiving any promotional offer or my services are incorporated into a value package. I understand that this information may be subject to verification by the cable operator.

5. Proof of Eligibility: Proof of eligibility must be provided through the following methods:

1) **Age** – 62 years or older with combined disposable income below the HUD Income Standard.

- *Applicant must provide photocopy of driver's license, or official government ID.*

2) **Disability** – Legally disabled with a combined disposable income below the HUD Income Standard.

- *Applicant must provide copy of Disability Award Letter from Social Security.*

3) **Income** – Income must be below the HUD Income Standard.

- For the immediate preceding year, attach copies of Federal Income Tax Return (IRS Form 1040) reflecting an elderly/disabled credit claimed on line 46.

7. **Changes in Circumstances.** In the event that I am no longer qualified for the cable discount, I agree to promptly notify Comcast of any such change, or if I move from this address. I hereby apply for the discount on my basic cable service and certify under the penalties of the law that to the best of my knowledge all statements as marked on this form are true.

Date _____

PLEASE RETURN THIS FORM WITH PROOF OF INCOME AND AGE OR DISABILITY STATUS TO:

For questions, phone: 253-931-4753

444 Cedar Street, Suite 950

St. Paul, MN 55101

Please allow six to eight weeks for processing the application. For unincorporated King County Residents, please contact the King County Office of Cable Communications at 206-296-3880.

FOR OFFICE USE ONLY

Date Mailed: _____

Approved: _____

Date Returned: _____

To Comcast: _____